

PTO/SB/21 (09-04)

AF
sfw**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

10/633,015

Filing Date

July 31, 2003

First Named Inventor

PAVLOVSKAIA, ELENA

Art Unit

3732

Examiner Name

MANAHAN, TODD E

Attorney Docket Number

018563-002920US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Michael T. Rosato

Date

December 14, 2005

Reg. No.

52,182

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

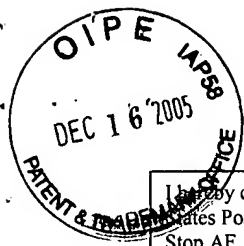
Signature

Typed or printed name

Jennifer M. Smolen

Date

December 14, 2005



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Dec. 14, 2005

By: [Signature]

PATENT

Attorney Docket No.: 018563-002920US

Client Ref. No.: AT-00084.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

PAVLOVSKAIA, ELENA *et al.*

Application No.: 10/633,015

Filed: July 31, 2003

For: SYSTEMS AND METHODS FOR
REMOVING GINGIVA FROM
COMPUTER TOOTH MODELS

Customer No.: 46718

Confirmation No. 4730

Examiner: MANAHAN, TODD E

Technology Center/Art Unit: 3732

**AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3732**

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed September 22, 2005 on the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims, which are reflected in the listing of claims which begins on page 2 of this paper.

Remarks, which begin on page 8 of this paper.